

Exhibit 71

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF NEW YORK, et al.

Plaintiffs,

v.

ROBERT F. KENNEDY, JR., in his official capacity as SECRETARY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, et al.,

Defendants.

Case No. 1:25-cv-00196

DECLARATION OF JANE DOE 5

I, Jane Doe 5, declare under the penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct:

1. I was employed by the Sexually Transmitted Disease (STD) Laboratory Reference & Research Branch, Division of STD Prevention (**DSTDP**), part of the National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (**NCHHSTP**) within the Centers for Disease Control and Prevention (**CDC**). I have personal knowledge of the facts set forth in this declaration, and if required to testify, would and could competently do so.

2. I am submitting this declaration pseudonymously because I fear retaliation. But if the Court would like to know my name or job position, I would be willing to provide it ex parte and under seal.

3. I submit this Declaration in support of the States' Motion for a Preliminary Injunction.

Professional Background

4. I have worked in public health at CDC for over 10 years.

5. I am providing this declaration to explain the impacts of shutting down the STD Laboratory Reference & Research Branch due to reduction in force (RIF) on April 1, 2025. The April 1 RIFs have brought the STD Laboratory Reference & Research Branch's work to a complete halt abruptly. These impacts will be felt very soon by the states as well as by their residents, as the STD Laboratory Reference & Research Branch will no longer be on the frontline together with state and local public health laboratories to safeguard the American public from the emerging STDs. The number of reported STD cases every year are dangerously high and are still on the rise. In 2023, over 2.4 million cases of syphilis, gonorrhea, and chlamydia were diagnosed and reported, underscoring a critical public health crisis demanding immediate attention. Most concerningly, among these cases are 3,882 instances of congenital syphilis—a preventable condition—tragically resulting in 279 stillbirths and neonatal/infant deaths. The continued rise in these infections highlights the urgent need for enhanced prevention, diagnosis, and treatment efforts to protect public health and save lives.

STD Laboratory Reference & Research Branch's Mission and Work Prior to April 1, 2025

6. NCHHSTP is a National Center within a federal agency that works to prevent and control HIV, viral hepatitis, sexually transmitted infections, and tuberculosis in the U.S. NCHHSTP's work includes public health surveillance and disease prevention research, funding grassroots disease prevention programs, developing and promoting strategies to reduce harm, and implementing resources for providers and affected or at-risk communities. It was created to further the objective set forth in the Public Health Service Act (PHSA).

7. NCHHSTP oversees the Division of STD Prevention (DSTD), whose mission is to maximize the impact of STI prevention through science, programs, and policy.

9. The STD Laboratory Reference & Research Branch's functions are mandated by 42 U.S.C. § 247c ("provide technical assistance in the training and public health programs for the prevention and control of sexually transmitted diseases"). It served as the only STD national reference lab and provided unique and essential technical assistance and guidance to state and local public health labs to accurately detect and track drug-resistant gonorrhea, syphilis, and other emerging STDs. The STD Laboratory Reference & Research Branch also provides laboratory support by delivering high quality reference materials and quality assessment programs to ensure accurate testing and capacity building of state laboratories.

10. Further, the STD Laboratory Reference & Research Branch monitored and responded to STD outbreaks in the U.S. together with public health laboratories, such as a lymphogranuloma venereum outbreak in Chicago and Michigan in 2015-2016, identification of cases of a novel multi-drug non-susceptible *Neisseria gonorrhoeae* strain in Massachusetts in 2022, as well as increasing prevalence of ocular syphilis in multiple states, and atypical presentation of syphilis (painful lesions) in Orange County, NY.

11. The STD Laboratory Reference & Research Branch was one of the very few labs which administered and supported proficiency testing and quality assessment programs for public health labs in the U.S. for gonorrhea antibiotic susceptibility testing (in collaboration with a state public health laboratory) and gonorrhea genome sequencing to ensure tests being performed in U.S. public health labs are accurate and reliable.

12. The STD Laboratory Reference & Research Branch was home to thousands of unique clinical specimens for STD surveillance and development of improved and novel diagnostic testing methods.

13. In addition, the STD Laboratory Reference & Research Branch maintained an extensive repository of reference materials including over 100,000 unique bacterial isolates (cultures of bacterial cells), and a well characterized syphilis serum bank that are critical for American state and local public health labs, commercial entities, and universities to develop and validate the most up-to-date diagnostics and treatment strategies.

14. The STD Laboratory Reference & Research Branch also generated the most comprehensive national genomic surveillance data for STDs and published peer-reviewed annual reports of strains and antibiotic resistance determinants prevalent in the U.S. The branch also provided these sequences for reference purposes, for tracking infections, developing tests for antimicrobial resistance markers, as well as for improving diagnostic tests.

15. Moreover, the STD Laboratory Reference & Research Branch developed software tools for analyzing genomic data for all STDs and implemented them at state public health labs to improve diagnostic & surveillance capacity. The STD lab developed the first molecular method to distinguish syphilis strains. Commonly used and novel point-of-care serological diagnostic tests for syphilis were originally developed in the STD lab, and the technologies were successfully transferred to companies for commercialization.

16. The STD Laboratory Reference & Research Branch in collaboration with its partners and world renowned STD experts developed the most vital CDC laboratory recommendations for the diagnosis of syphilis, chlamydia, and gonorrhea. These laboratory recommendations provided the

most comprehensive and thorough guide for the nation's STD testing and are referenced worldwide by laboratory directors, public health professionals, and clinicians.

17. The STD Laboratory Reference & Research Branch also provided expert consultation for the collaborative development of the CDC STI Treatment Guidelines (2021) with current evidence-based prevention, diagnostic and treatment recommendations for physicians and other health care providers in the U.S.

18. The STD Laboratory Reference & Research Branch is administered at the federal level under DSTDP, which is overseen by NCHHSTP/CDC/HHS.

The April 1, 2025, RIFs and Effects on NCHHSTP

19. On April 1, 2025, all 33 employees of the STD Laboratory Reference & Research Branch—myself included—received RIF notices. All staff were placed on administrative leave and no longer had building access beginning on the same day RIF notices were received. Specifically, 23 working scientists (15 of which are PhDs), 7 training scientist, and 3 support staff were RIF'ed.

20. The abrupt closure of the STD Laboratory Reference & Research Branch provided no time to inform collaborators with whom the Branch partnered on many ongoing important clinical projects and transfer samples/reagents back to them.

21. Millions of dollars' worth of highly specialized equipment, over 30,000 unique patient samples, and over 100,000 isolates were left unattended in the lab without proper shutdown and storage. Each day, stored samples and specimens are at risk of being un-usable, thus jeopardizing decades of ground breaking research and investment in staff and resources.

22. Until today, equipment and specimens are still unattended in the lab space.

23. Until today, inquiries and requests for help from state and local public health laboratories are still coming in and go unanswered because the STD Laboratory Reference and Research Branch scientists and subject matter experts were all placed on admin leave.

24. In early April, I emailed the Office of Human Resources (OHR) to inform them of the errors on my RIF notice and inquired about the RIF retention register and benefits for RIF'ed employees. As of today, I have not received any reply from OHR/HHS.

The April 1 RIFs Have Devastated the NCHHSTP's Work

25. The RIFs have completely halted all of the STD Laboratory Reference & Research Branch's work because there is no one left in the lab to carry out the important functions which are clearly mandated by the statutory authority found in 42 U.S.C. § 247c established in 1998.

26. The RIFs have had an especially damaging effect on technical assistance and guidance provided by the STD Laboratory Reference & Research Branch to state and local public health labs for STD diagnostic testing, surveillance testing, and guidance for treatment and preventive strategies. Because the entire STD Laboratory Reference & Research Branch was eliminated, there is no scientists left with the unique expertise and technical skills, no lab testing is available to confirm concerning test results for difficult cases from state laboratories, no reference materials and quality assessment programs left for quality assurance and new test development, and there is no other group in HHS who can replace these functions.

27. The RIFs have also eviscerated the STD Laboratory Reference & Research Branch's work in monitoring and responding to STD outbreaks in the U.S. Because the entire Branch was terminated, there are no scientists left to monitor and respond to ever-evolving bacterial STDs and increasing rates of antibiotic resistance, and there are no scientists to provide instant on-call troubleshootings for laboratory testing during outbreaks. The most recent STI outbreak was reported

in Alaska by ‘Psychology Today’ magazine on 4/15/2025. What is happening in Alaska could be a warning sign for what might happen in other U.S. jurisdictions anytime.

28. As a result, this could present a higher risk of antibiotic-resistant gonorrhea spreading undetected within the U.S. and a harder fight against surging syphilis cases in women and children in the U.S.

29. Moreover, the STD Laboratory Reference & Research Branch will no longer be able to complete the ongoing update to CDC’s recommendations for the laboratory testing for chlamydia and gonorrhea, two most common STDs in the nation, which is used nationally as guidance by state and local public health diagnostic labs.

30. The STD Laboratory Reference & Research Branch will no longer be able to administer STD quality assessment programs to ensure tests that are performed in public health labs are accurate and reliable. Requests for reference materials and quality assessment panels are continuing to come in as of this week and remain unanswered.

31. The STD Laboratory Reference & Research Branch’s unique repository of reference materials, including over 100,000 unique bacterial isolates, the most comprehensive genomic surveillance data, and a well characterized syphilis serum specimens from multiple disease stages, face the possibility of being permanently destroyed or discarded- defeating the purpose of supporting public health laboratories in the US.

32. CDC estimated over 13 million sexually acquired infections of chlamydia, gonorrhea, trichomoniasis, syphilis, genital herpes, human papillomavirus, hepatitis B, or HIV in the U.S. in 2018, and CDC estimated the lifetime medical cost of STIs acquired through sexual contact in 2018 to be \$15.9 billion. The STD prevention work carried out by the STD Laboratory Reference & Research Branch is critical to reducing this lifetime medical cost.

33. The RIF intended to make administrative cuts, but not working scientists and the policy was to make sure none of working scientists were lost and that research continues, as Mr. Kennedy stated. The fact that 30 out of 33 RIF'ed from the STD Laboratory Reference and Research Branch are working scientists who are highly educated with various years of experience. And approximately 59% of CDC personnel affected by the RIF were scientists, medical professionals, veterinary professionals, engineers, and other STEM leaders.

34. The STD Laboratory Reference and Research Branch's work is not duplicated elsewhere in the CDC, or the broader Department of Health and Human Services (HHS). The STD Laboratory Reference & Research Branch is the only national STD reference lab in the U.S. and is one of three labs in the world that tracks drug-resistant STDs.

35. There are over 20 media reports highlighting the importance of our STD lab functions and experts noted that "without the laboratory, we are essentially flying blind on STD outbreaks" and "[a]brupt and staggering CDC cuts will cost lives." The consequence of dismantling the STD lab is severe and irreversible in this time of record-high STDs.

36. A letter from Scott Becker, Chief executive officer of The Association of Public Health Laboratories (APHL), which represents state and local public health laboratories across the country, addressed to HHS Secretary stated that the STD lab and the Hepatitis lab (both of which were RIF'ed) conduct national testing services "that do not exist anywhere else within the HHS agencies" and "the services they do are no longer available to our nation." The letter asked Mr. Kennedy to restore these national labs.

Conclusion

37. The April 1, 2025 RIFs have completely and abruptly incapacitated the STD Laboratory Reference & Research Branch and its 30 STD working scientific experts, valuable

technological tools, unique reference materials and quality programs which were established over the decades, “to provide technical assistance in the training and public health programs for the prevention and control of sexually transmitted diseases” as mandated by 42 U.S.C. § 247c.

38. Without the STD Laboratory Reference & Research Branch’s expertise, no other operational division within CDC or HHS can carry out the lab function of providing critical guidance and support to state jurisdictions, clinicians, and state public health labs in STD prevention.

39. The shutdown of CDC’s national STD Laboratory Reference & Research Branch is a serious setback for STD control at a time facing a complex STD epidemic with over 2.4 million reported cases in 2023. The lab and state public health labs are indispensable partners to combat the STDs. This is about protecting communities: ensuring that dangerous infections like drug-resistant gonorrhea or congenital syphilis are swiftly identified and contained. Their work and mission are vital to protecting communities, advancing public health, and saving lives.

40. If the purpose of the reorganization of HHS is to return to its core mission of preparing for and responding to epidemics and outbreaks, then laying off highly experienced and specialized CDC STD lab scientists and closing the key lab does not align with this goal.

Jane Doe 5

Jane Doe 5

Date: May 16, 2025